



ENTERED  
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CAPITOL PROCESS SERVICES, INC.

1827 18<sup>TH</sup> STREET, N.W.

WASHINGTON, DC 20009

202/667-0050

MAR 4 2003

U.S. DISTRICT COURT  
DISTRICT OF MARYLAND

FILED

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MAR 4 2003

AT BALTIMORE  
CLERK U.S. DISTRICT COURT  
DISTRICT OF MARYLAND

BY

DEPUTY

ATTN: CIVIL CLERK

CASE NO: WMN03CV350

CLIENT: Wiley

DEAR CIVIL CLERK:

PLEASE FILE THE ENCLOSED DOCUMENT WITH YOUR COURT TODAY.

PLEASE RETURN A DATE STAMPED COPY TO OUR CLIENT USING THE  
ENCLOSED POSTAGE PAID ENVELOPE.

THANK YOU FOR YOUR ASSISTANCE. PLEASE CONTACT ME IF ANY  
PROBLEMS.

THANK YOU,

*Linda Bungarz*

LINDA BUNGARZ

**ORIGINAL**  
 FD-400 (Rev. 10/93) [MD Rev. 02/2001] Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and complaint was made by <b>me<sup>(1)</sup></b>	DATE <b>2/10/03</b>	TIME: <b>12:20pm</b>
NAME OF SERVER (PRINT) <b>David Ksiazek</b>	TITLE <b>PRIVATE PROCESS SERVER</b>	

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where **50 Main St., Suite 435, White Plains, NY 10606. Service was accepted by Max Stolzberg, C.E.O.**

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were \_\_\_\_\_

☐ Returned \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
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**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed

**2/11/03**

Date

Signature of Server

**CAPITOL PROCESS SERVICES****1827 18th Street, N.W.****Washington, D.C. 20009**

Address of Server

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AT BALTIMORE  
 CLERK U.S. DISTRICT COURT  
 DISTRICT OF MARYLAND

BY

DEPUTY

- \* SUMMONS
- \* CIVIL COVER SHEET
- \* COMPLAINT WITH EXHIBIT

1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.